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|--|--|--------------------------|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3> | | Complete if Known | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | |
| | | Filing Date | |
| | | First Named Inventor | |
| | | Examiner Name | |
| | | Art Unit | |
| TOTAL AMOUNT OF PAYMENT | | Attorney Docket No. | |
| (\$) 405.00 | | H0664.70032US00 | |

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☒ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 23/2825
 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-----------------------|----------|-----------------------|----------|-----------------------|----------|----------------|
| | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Small Entity Fee (\$) | Fee (\$) |
|--|-----------------------|----------|
| Each claim over 20 (including Reissues) | 52 | 26 |
| Each independent claim over 3 (including Reissues) | 220 | 110 |
| Multiple dependent claims | 390 | 195 |

Total Claims - 20 or HP = ☒ **Fee Paid (\$)** = _____
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims - 3 or HP = ☒ **Fee Paid (\$)** = _____
 HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims
Fee (\$) _____ **Fee Paid (\$)** _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| _____ | _____ | _____ | _____ | _____ |

_____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) _____

Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ... _____ 405.00

| | | | |
|---------------------|----------------------|-----------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature | /Minita G. Holloway/ | Registration No. (Attorney/Agent) | 67,594 |
| Name (Print/Type) | Minita G. Holloway | Telephone | 617.646.8000 |
| | | Date | August 2, 2011 |

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Date: August 2, 2011 Electronic Signature for Sharon R. Lloyd: /Sharon R. Lloyd/